	Γ, AUTHORIZ								nitting	agency sube office numbe xx-xxxx)		01	B. OF	FICE	USE ONLY				
AND CERTIFICATION OF TRAINING						C.					C. Request status (Mark (X) one)					02			
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1. Applicant's name (Last-F	irst-Middle Initial)				5	Enter first letters of	03	2. Social Se	curity	/ Number		04	3. Date	of bii	rth (Year and	month)			05
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4. Home Address (Number,	street, city, State, ZIP	code	e)					5. Home tel	ephor	ne			6. Posi	ition le	evel (Mark (X) one or		100	7
								Area code	Nu	mber			a.	. Non-	-supervisory		c. Manag	er	
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7. Organization mailing addr	ress (Branch-Division	/Offic	ce/Bureau	/Agend	cy)			8. Office tel	ephor	ne			9. Conti	inuous an ser			Number of non-govern		
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11a. Position title/function				11b		cant handi- ed or disabled		12. Pay pla	n/se	ries / grade /	step		13. Typ	oe of a	appointment	14. E	Education L	_evel	
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15a. Name and mailing add	ress of training vendo	r (No	street c	itv Sta			IKAII	15b. Locati		training site	(if same m	ark bo	nx) _						
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16. Course title and training	objectives (Benefits to	o be d	derived by	the Go	ovemme	ent)		-i											
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17. Catalog / Course No.	18. Training Period	d (6 a	digits)	06	19. N	lo. of course h	ours (4	4 digits)	07	20. Trainin	g codes (S	See in	struction	s)					
		Ye	ear Month	Day	a. Du	uring duty							Code				Co	ode	
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	Section C TERMINATION AI	ND EVALUATION DAT	A (10 be completed by Trainee) - Continued	
38. C	Comments on strong points of course			
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39. ∪	Comments on weak points of course			
40, V	What were your objectives in taking this course? Were they met?			
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41. D	Do you recommend this program for others? If so, whom?			
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42. A	Additional comments			
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43. S	Signature of trainee			I Date
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